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Substitute for form 1449/PTO	Complete if Known	
	Application Number	N/A
INFORMATION DISCLOSURE	Filing Date	Herewith
	First Named Inventor	Flick
STATEMENT BY APPLICANT	Art Unit	N/A
(Use as many sheets as necessary)	Examiner Name	N/A
Sheet 1 of 3	Attorney Docket Number	0-03-051

Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where
Initials* No	No.	Number-Kind Code ^{2 (# known)}	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear
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		Country Code ^{3 -} Number ^{4 -} Kind Code ⁵ (if known)	MM-DD-YYYY	,	Or Relevant Figures Appear	τ°
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(Use as many sheets as necessary)	Examiner Name	N/A
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				DOCUMENTS	
Examiner Initials*	Cite No.¹	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
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Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where
Initials*	No.1	No.¹ MM-DD-YYYY Number-Kind Code² (# known)	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear	
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
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